

CRITERIA FOR PRIOR AUTHORIZATION

Xartemis XR® (oxycodone/acetaminophen)

PROVIDER GROUP: Pharmacy

MANUAL GUIDELINES: The following drug requires prior authorization above an initial 7 day supply per year (4 tablets per day or a total of 28 tablets per 365 days):

Oxycodone/Acetaminophen Extended Release (Xartemis XR)

CRITERIA for Xartemis: (must meet one of the following)

- Patient is being tapered off of medication.
 - Taper schedule must be included with PA request. Taper must be complete within 7 days.

OR

- Patient has a new cause of acute pain resulting in the necessity of additional days supply of Xartemis XR.
 - Documentation of new cause of acute pain must be included with PA request.

Prior Authorization will be approved for one fill (maximum of 7 days supply).